SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) 097914625 (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND Ş <u>15</u> :3 :8 المالمالم TAL, TOTAL TOTAL DEP. F. C. C. omay be used for additional claims or amendments U.S. DEPARTMENT o: COMMERCE Potent and Tradomark 'office